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	UTILITY					A	Attorney Doc	ket No.	/	862.2569		
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	யீOnly for new nonprovisional applications under 37 CFR 1.53(b))					E	xpress Mail	Label No.	Ţ			
	See Mi		PLICATION 600 concerning		NTS application conten	ts.	ADDF	RESS TO	Assistant Co Box Patent A Washington,	Application		nts O
	Fee Transmittal Form (Submit an original, and a duplicate for fee processing)						6.	Microfiche	Computer Program	·		21243
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. 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:  Continuation Divisional Continuation-in-part (CIP) of prior application No/												
	Table 18. CORRESPONDENCE ADDRESS  O5514  (Insert Customer No. or Attach bar code label here)  or Correspondence address below											
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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS		
	TOTAL CLAIMS (37 CFR 1.16(c))	78-20 =	58	X \$ 18.00 =	\$1044.00		
	INDEPENDENT CLAIMS (37 cfr 1.16(b))	18-3 = 15		X \$ 78.00 =	\$1170.00		
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) \$260.00 =				\$ -		
	BASIC FEE (37 CFR 1.16(a))						
		\$2974.00					
	Reduction by 5	-					
	TOTAL = \$2974.00						
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	X A check in the amount of \$ 2974.00 to cover the filing fee is enclosed.						
20.	A check in the am	ount of \$ <u>2974.00</u> to cov	er the filing fee is enclo	sed.			
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	David L. Schaeffer, RN 32,716			
SIGNATURE	David Schaeffer			
DATE	December 15, 1998			

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